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IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 12/15/2003		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 12/15/2003						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0		0
3404902	BLUE RIDGE COMM UNITY	8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	3	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	3	11	50	38
3404905	TREND COMM MENT AL HLTH CTR	11	195	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	77	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	317	1472	1155
		120	29	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404907	RUTHERFORD-POLK	21	130	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	130	152	22
3404910	PATHWAYS	21	32	DUPLICATE OF CLAIM-SYSTEM				
		8518	28	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	2	110	499	389
		8517	24	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	33	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	4	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	4	43	1818	1775
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	MECKLENBURG COM ENTAL HEALT	120	638	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	432	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	129	1773	7514	5741
		537	403	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				

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PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404916	CROSSROADS BEHA	21	59	DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL							
		8621	15	60 RESIDENTIAL LEVEL III TREAT	8	92	602	510
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8599	9	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM	8599	1900	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	309	ASTNC INELIGIBLE TO RECEIVE SE	367	2583	5590	3007
				RVICES IN IPRS.				
		120	77	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404918	ROCKINGHAM CO M	8599	30	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	30	CLAIM DENIED DUE TO INSUFFICIE	11	97	839	741
				NT BUDGET				
		8800	8	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404919	GUILFORD CO MEN	8505	716	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	324	FURTHER PROCESSING NECESSARY,	88	1449	5162	3713
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	227	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL	8505	300	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		8599	188	DETAIL NOT COVERED BY COMBINAT	109	672	1541	869
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8933	96	ADTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404921	ORANGE PERSON C	8599	108	DETAIL NOT COVERED BY COMBINAT				
	HATHAM AREA			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5312	74	PRIOR AUTHORIZED DOLLARS EXCEE	24	417	2669	2252
				DED				
		5404	72	SEVERE DUPLICATE; SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				

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PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	8931	110	AMTNC INELIGIBLE TO RECEIVE SE				
	MNTL HLTHC			RVICES IN IPRS.				
		8599	30	DETAIL NOT COVERED BY COMBINAT	148	184	2186	2002
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	28	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404931	WAKE CO HUM SVC	8599	468	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	155	ASTNC INELIGIBLE TO RECEIVE SE	299	1151	12955	11804
				RVICES IN IPRS.				
		21	152	DUPLICATE OF CLAIM-SYSTEM				
3404932	RANDOLPH/SANDHI	21	43	DUPLICATE OF CLAIM-SYSTEM				
	LLS CO MH C							
		120	38	CLIENT ID NUMBER MISSING OR IN	45	197	956	759
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		143	31	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404933	SOUTHEASTERN CT	8505	355	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		5404	26	SEVERE DUPLICATE: SAME ATTD PR	31	483	2352	1869
				OV/PCODE/TOS/DOS/MOD				
		8931	25	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404934	ONslow COUNTY B	8505	93	CLAIM DENIED DUE TO INSUFFICIE				
	EHAVIORAL H			NT BUDGET				
		21	72	DUPLICATE OF CLAIM-SYSTEM	25	316	641	312
		11	33	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8931	30	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		8518	22	CLAIM DENIED, SUBMITTED BEYOND	37	80	1201	1121
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		21	15	DUPLICATE OF CLAIM-SYSTEM				

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PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404937	EDGEcombe NASH MNTL HLTH C	8599	670	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	549	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	690	2096	11881	9785
		8000	477	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404938	HALIFAX COUNTYM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	11	597	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	233	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	153	1718	5042	3324
		8518	140	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404941	PITT CO MH/DD/S AS CENTER	120	51	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		143	38	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	2	162	793	631
		8000	31	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404942	ROANOKE CHOWANH UMAN SERVIC	10	60	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		8518	11	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	4	89	1350	1261
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	29	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	22	138	1287	1149
		21	29	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA N SERVICES	8505	92	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	88	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	115	436	3196	2758
		8599	68	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404946	FOOTHILLS AREAM ENTAL HEALT	5404	158	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		7007	112	EXCEEDS MAXIMUM UNITS ALLOWED PER MONTH(S)	18	579	2398	1819
		143	109	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404957	TIDELAND MENTAL HEALTH CTR	8599	136	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8800	39	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	94	323	2301	1978
		8935	36	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404959	DAVIDSON CO MEN TAL HLTH CT	8524	2	CLAIM DENIED, PROVIDER MUST BE DESIGNATED AS A BILLING PROVIDER.				
		0	0		0	2	2	0
3404979	NEW RIVER AREAM H/DD/SA PRO	21	335	DUPLICATE OF CLAIM-SYSTEM				
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	354	784	430
		8505	2	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				